Jeffray A. Thompson Dis

Republican
Party Affiliation

HOUSE OF REPRESENTATIVES OF THE STATE OF INDIANA

STATE HOUSE INDIANAPOLIS, INDIANA 46204

STATEMENT OF ECONOMIC INTERESTS FOR THE CALENDAR YEAR <u>2007</u>

This statement shall be filed by members not later than seven days following the first session day in January of each year and covers only activity occurring in the preceding calendar year. Non-incumbent candidates for the General Assembly must file this statement before filing a declaration of candidacy. All statements shall be filed with the Principal Clerk of the House, Room 3A-8, 3rd Floor State House, Indianapolis.

Additional pages may be inserted, if necessary, See IC 2-2.1-3, for any clarification of the questions.

Legislative candidate (x))	
NATURE OF BUSINESS	Your Employer (x)	Spouse's Employer (x)
Public School	X	
	mployer(s) of your spouse and the nature of the of or candidate for the Indiana General Assembles NATURE OF BUSINESS	NATURE OF BUSINESS Employer (x)

NAME OF BUSINESS	NATURE OF BUSINESS	Your Business (x)	Spouse's Business (x
hompsen Ferms	Farming		
List the name of every partnership an	d limited liability company of which you	or vour spouse are a n	nember and th
name of the business. NAME OF BUSINESS	NATURE OF BUSINESS	Your	Spouse's
		Business (x)	Business (x
List the name of any corporation of warporation's business. Churches need not	hich you or your spouse are an office or of the listed. NATURE OF BUSINESS	Your Business (x)	Spouse's
rporation's business. Churches need n	ot be listed.	Your	
rporation's business. Churches need n	ot be listed. NATURE OF BUSINESS	Your	Spouse's
name of any corporation in w	ot be listed. NATURE OF BUSINESS	Your Business (x) child own stock or stock	Spouse's Business (x
NAME OF BUSINESS List the name of any corporation in wir market value in excess of \$10,000. N	hich you, your spouse or unemancipated to time or demand deposit in a financial	Your Business (x) child own stock or stock	Spouse's Business (x
NAME OF BUSINESS List the name of any corporation in wir market value in excess of \$10,000. Noted.	hich you, your spouse or unemancipated to time or demand deposit in a financial SINESS Your Stock (x)	Your Business (x) child own stock or stochinstitution or an insura	Spouse's Business (x Ck options havence policy ne
NAME OF BUSINESS List the name of any corporation in wir market value in excess of \$10,000. Noted. NAME OF BUSINESS	hich you, your spouse or unemancipated to time or demand deposit in a financial SINESS Your Stock (x)	Your Business (x) child own stock or stochinstitution or an insura	Spouse's Business (x

6. List the name of any state agency or the supreme court of Indiana which licenses or regulates any of the following: (a) your profession or occupation, (b) your spouse's profession or occupation or (c) any proprietorship, partnership, corporation or limited liability company listed under items 2, 3, or 4. Also list the nature of the licensure or regulation. The requirement to file certain parts with the secretary of state or to register with the department of revenue as a retail merchant, manufacturer or wholesaler shall not be considered as licensure or regulation.

NAME OF STATE AGENCY	NATURE OF LICENSURE			Business listed under No. 2, 3, 4 (x)	
		You	Spouse	e You Spouse	
ivision of Professional	Teacher	X	X		
standerds					
			60 to 60 to		

7. List the name of any person whom you know to have been a lobbyist in the previous calendar year and whom you know to have purchased the following: (a) from you, your sole proprietorship or family business, goods or services for which the lobbyist paid in excess of \$1,000. This subdivision does not apply to purchases made after December 31, 1998, by a lobbyist from a legislator's retail business made in the ordinary course of business at prices that are available to the general public. For purposes of this subdivision, a legislator's business is considered a retail business if the business is a retail merchant as defined by IC 6-2.5-1-8. "Lobbyist" means any person, firm, corporation or association registered under IC 2-7-2. "Family business" means a corporation in which you and your spouse own at least 80% of the voting stock, regardless of whether all or a portion is owned jointly or severally.

NAME OF LOBBYIST	Purchased over \$100 from you or your business (x)	Purchased over \$1,000 from your partner (x)

8. List the name of any person or entity from whom you received any of the following: (a) any gift of cash from a lobbyist, (b) any single gift other than cash having a fair market value in excess of \$100 or (c) any gifts other than cash having a fair market value in the aggregate in excess of \$250. Gifts from a spouse or close relative need not be listed unless the donor has a substantial economic interest in a legislative matter. Campaign contributions need not be listed.

NAME OF DONOR	Any gift of cash from a lobbyist (x)	Any single gift over \$100 (x)	Total gifts over \$250 (x)

9. List the name of any lobbyist: (a) who is a member of a partnership or limited liability company of which you are a partner or member or employee or (b) who is an officer or director of a corporation of which you are an officer. director or employee or (c) who is a manager of a limited liability company of which you are a member or employee. Describe the legislative matters which are the object of the lobbyist's activity.

NAME OF LOBBYIST	LEGISLATIVE MATTERS WHICH ARE THE OBJECT OF THE LOBBYIST'S ACTIVITY	Your Connection
Richard A. Thompson	Banking (North Salem State Bank)	Advisory Board Member to Director

10. List the name of any person or entity on whose behalf you have appeared before, contacted or transacted business with any state agency or official thereof. List also the name of the state agency, the nature of the appearance and the cause number, if any. This does not apply when the services are rendered without compensation. "State agency" does not include state-supported colleges or universities or the agencies of any municipality or political subdivision of the state.

NAME OF PERSON	NAME OF STATE AGENCY	Nature of Contact, Appearance, Etc.	Cause Number

I certify that the foregoing information is true, accurate and complete, as I am verily informed and believe.

Filed with the Clerk of the Indiana House Representatives this 8 day of JAN,

owant Spots, Deputy Clark

600/ Worth State Rd. 39 Address Lizton, IN 46149 City